



Application No. \_\_\_\_\_

King County  
Department of Development and  
Environmental Services  
900 Oakesdale Avenue Southwest  
Renton, WA 98055-1219

## CERTIFICATION AND TRANSFER OF APPLICANT STATUS

I, \_\_\_\_\_, hereby certify that I am an/the owner of the property which is the subject of this application for permit or approval. If I am not the sole owner of the property, I certify that I am authorized by any and all other owners of the property to make this certification and transfer any and all rights I/we have to apply for this permit or approval to: \_\_\_\_\_.

I, therefore, certify that \_\_\_\_\_ is the "applicant" for this permit or approval and shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on a form provided by this department.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Date signed

I, \_\_\_\_\_, hereby certify that I am the "applicant" for this permit or approval. I shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on a form provided by this department.  
My address is: \_\_\_\_\_.

OR

I, \_\_\_\_\_, hereby certify that I am an authorized agent of \_\_\_\_\_, a corporation or other business association authorized to do business in the State of Washington and that this business association is the "applicant" for this permit or approval. This association shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on a form provided by this department. The address of this business association is: \_\_\_\_\_.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date signed

**NOTICE TO APPLICANTS:** By law, this department returns all engineering and other plans to the applicant. If, however, you wish to authorize the department to return engineering and other plans directly to the engineer, architect, or other consultant for the limited purpose of making corrections, please designate below:

I authorize this department to return plans directly to my consultant(s) for the limited purpose of making corrections, as designated on the back of this form.

CONSULTANTS:

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Signature of applicant

\_\_\_\_\_  
Date signed